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USAID/MALI
SO6 PROGRAM REVIEW
HIGH IMPACT HEALTH SERVICES
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SYNOPSIS



Newborn at maternity ward in Niena CSCOM,
Sikasso Region
Photo by Kamden Hoffmann

BACKGROUND

Adopted in 2002/2003, the SO6 High Impact Health Services (HIHS) bilateral implementation package is comprised of two COAG and one contract, all of which are highly interdependent and complimentary:

The National Technical Assistance (ATN) contract was designed to ensure national level activities in a manner that is highly interdependent with district and community level interventions supported by the Kénéya Ciwara COAG.

The Kénéya Ciwara project (PKC) COAG proposes a mix of proven and innovative measures to increase the use of high impact health services at the cercle and CSCOM levels. The ability of this programming to effectively succeed is closely linked to ATN policy and strategic support at the national level.

The Pathways to Health (PTH) COAG is a highly integrated social marketing support instrument designed to address USAID/Mali's health priorities to reduce the incidence of HIV/AIDS and to improve reproductive and child health.

The program is additionally supported by a number of central mechanisms including Netmark and Deliver that both deal with commodity support, the Policy project which strengthens advocacy for the HIV/AIDS and family planning programs, and others providing specialized assistance in maternal, child and reproductive health/family planning interventions.

In order to inform their decisions about the extension years of ATN and PKC, the development of a competitive bid for the PTH follow on, and to provide recommendations regarding how to incorporate the SOWs of Netmark and Deliver into new or existing mechanisms, the USAID Mali Health Team requested the assistance of an external team to conduct a broad based SO6 program review, with the exception of HIV/AIDS interventions.

Through a documentary review, meetings, interview and work sessions with internal and external partners and stakeholders, and finally, through site visits to the Sikasso and Koulikoro regions, the Program Review Team, in collaboration with the SO6 Team, developed a series of institutional, strategic, organizational and operational findings and recommendations relevant to the overall programming and each of the SO6 bilateral instruments.

To fully inform the SO6 Team decisions, specialists on the external team provided additional key technical recommendations specific to Family Planning/Maternal Health, and Child Survival/Health and a full and separate review of malaria programming.

KEY FINDINGS

During the review it was determined that the SO6 strategy continues to be fully in compliance with critical GRM health sector reform, including that directly related to the follow on of the National Health Sector Reform Program (PRODESS II). The adoption of intensive household and community level institutional capacity building (ICB) targeting multi-sectoral actors fully supports evolving national reform for the anchoring of democracy and sustainable development through participation, decentralization, and deconcentration.

The SO6 Team has successfully engendered strong collaboration amongst the implementing partners. During field visits to the districts and communes, it is evident that real progress towards the community level HIHS is being made. The tremendous amount of material developed, produced, and disseminated through collaboration of the bilaterals enables

consistency of information from the national to the household level and provides a platform upon which to further enrich the HIHS program in the coming years.

Significant policy work has been accomplished, but the translation of policy into practical strategic frameworks by the MOH needs significant reinforcement for the purposes of practical, viable and sustainable implementation at regional, district and community levels. This type of national level assistance is critical to the roles and responsibilities of USAID local level partners. As new or updated interventions are introduced, there is a tendency within the MOH to roll them out to the population, often without a well thought out strategy and plan, that takes into consideration the limitations of the intervention and ensuring long term commitment for commodities and program support.

Policy support that is fully responsive to demonstrated strategic and practical needs at district and community levels (and vice versa) is essential to the holistic approach that USAID proposes.

The strategy is confronted by a number of internal and external risks and challenges including:

- dependency on commodities,
- building synergy among implementing partners and their individual and collective strategic capacity;
- strengthening community level health care institutional capacity, sustainability and viability, notably because of the continued omnipresence of the State in health care management functions legally transferred to locally governed organizations;
- enhancing MOH institutional and strategic capacity to ensure their role and responsibilities related to conception and regulation of health care policy
- overcoming donor positioning and irregular coordination.

SO6 continues to work on supporting multisectoral stakeholders for real change in the sociocultural environment, behavior change and the development of sustainable internally generated resources and good governance within the health services sector.

SO6 expected results are predominantly oriented to quantitative service delivery increases for HIHS and the relative verticality of the results package is quite limitative in terms of USAID's capacity to determine the impact and sustainability of the programming. For the purpose of qualitatively broadening the evaluation capacity without incurring costly and time consuming results packaging modifications, it would be advantageous that crossover opportunities between HIHS and other Mission SOs be strategically exploited.

FUTURE PROGRAMMING RECOMMENDATIONS

The review team identified key areas which hold prospect for enriching the overall organizational and operational dynamics of program in the years ahead:

Opportunities for increasing strategic integration present themselves at many levels:

Strategic Integration within and between the HIHS interventions

Expand Content: Building on the progress the SO6 team has achieved, most of the HIHS content can be further expanded upon. For example:

- Family Planning – continue expanding the method mix and service points, including long-acting (IUD) and natural (SDM, LAM) methods
- Nutrition – continue enhancing informational and behavior change messages, including introducing when to start complementary weaning foods, and the quantity and frequency of feedings, for infants, toddlers, and young children

- Malaria – work towards expanding relays distribution of key malaria prevention commodities and explore community management of fever

‘No Missed Opportunities’: As the HIHS incorporate additional content into each of the HIHS, the design and startup phases should continue to plan for adequate commodities, as well as for how to ‘bundle’ and integrate the new services with other new/existing services and systematically screen mothers and children for needed maternal/reproductive and child health services. Using a continuum-of-care framework, the example below illustrates integrated services to ensure “No Missed Opportunities”.

Example of ‘Bundled’ MH/CS/FP Services:

During ANC: TT, Iron Folate, IPT, ITN plus discussion/counseling about use of skilled birth attendant (SBA) for birth, EBF/LAM, birth spacing, potential use of FP, plans for immediate newborn (NB) care, and birth preparedness (transport, etc.)

During birth – 2 days: Active Management of Third Stage of Labor (AMTSL), initiate early breastfeeding including colostrum, reinforce EBF/LAM, initiate immediate NB care (dry, warm, do not bathe for 24hr, etc.), hygiene, use of ITN, ensure support for mother for other responsibilities

Period 0 – 6 months: reinforce EBF/LAM, Vitamin A for mother, infant immunizations, counseling about complementary feeding, counseling about birth spacing and use of FP (POPs, Depo, IUD, condom) to transition from LAM.

Period 6 – 12: education/support for active feeding of weaning/complementary foods, complete immunizations and Vitamin A for infant, management of diarrhea, voluntary use of FP method, use of ITN, household and clinic management of malaria and fever.

Childhood 12 – 59 months: Vitamin A for children; counseling on breastfeeding and complementary feeding for toddlers; household management of diarrhea; management of acute malnutrition, diarrhea, malaria, pneumonia; counseling about birth spacing and provision of FP for mothers.

Note: use of the Systematic Screening Tool, adapted for use with the HIHS interventions reduces ‘missed opportunities’ for providing all appropriate services.

Strategic integration between the SO6 bilateral implementing partners

Harmonize Service Delivery Strategies: Given the differences in implementation strategies for new, updated, and ongoing HIHS interventions, the USAID mission and SO6 team should continue to provide leadership to develop synergy and harmonize service delivery strategies among all implementing partners and public, private and civil society stakeholders, as well as with other technical and financial partners. For example:

- Vitamin A distribution – establish a national strategy that defines the roles and interconnectedness of the National Nutrition Weeks (NNW) and routine distribution
- Cost recovery or free distribution among key commodities including ITNs, ACTs and SP
- Integrated package of interventions at National Nutrition Weeks for children and mothers, e.g. vitamin A supplementation, EPI, deworming, ANC, BF, LAM, transition to FP, distribution of nets, nutrition education, and so forth

Strategic integration between SO6 bilateral and central mechanisms

Integrate Central Mechanisms: In the years ahead, the SO6 approach should continue its strategic use of these mechanisms to support the enrichment of the HIHS, and at the same

time, continue to ensure that the choice and use of these mechanisms directly supports the bilateral mechanisms, and that the activities are harmonized with and/or seamlessly integrated into the HIHS approach through participation in partner meetings, joint work planning with the bilateral mechanisms, and contribute to results reporting. For example:

- Child Survival Grantees – implement successful approaches from PKC, and report specific HIHS intervention results to Mission for SO6 coverage reporting
- Policy project – integrate advocacy work with religious leaders with ATN policy work and PKC community education activities.
- Family Planning and CS/MH central projects – provide technical assistance to introduce new methods/interventions with ATN and PKC, to be built into bilateral package of services

Strategic integration between SO6 and other Mission SOs

Integration across Mission SOs: Each of the SOs in the USAID/Mali program offer excellent opportunities to enhance the objectives of other SOs. There is currently collaboration with the DG and Education SOs, and with the cross-cutting Communication SO which should be encouraged and opportunities exploited through ongoing program activities, new procurement design, and a set of indicators for integrated programming. For example:

- Education SO's adult literacy, teacher training, and school curricula – use health messages as content when teaching reading; stimulate discussion of health topics
- CommDev SPO – use internet cafes to 'push out' health updates for district supervisors to use for capacity building with health center staff and relais

Integration within new procurements: Within the Mission, as new procurements are designed, specific language should be included in each award to achieve purposive integration across SOs, including the types of interventions and desired indicators to be achieved. The language should show benefit to each of the SOs.

The North: All SOs are implementing activities in the North. Given the conditions, distances, and costs of achieving SO objectives, the Mission has the opportunity to better define and coordinate SO synergy in the North for increased impact among all SOs. This also includes collaboration where feasible with other related activities such as OFDA's nutrition rehabilitation efforts through CARE and UNICEF. There may be opportunities to provide targeted support to build upon existing activities with minimal resource burden on SO6.

Champion Communes: A successful model for integrated inter-sectoral programs is the Champion Commune approach, first developed in Madagascar, and since then, adopted by other countries. The model builds purposive integration of sectoral interventions at the community level. It would be in the interest of the Mission to investigate the possibilities of similar highly integrated programming.